

\$

\$10.00 per plate
\$1.00 per decal ONLY

Department of Motor Vehicles Richmond, Virginia

License Numbers Issued

Application For Reissue of Dealer/Drive Away/Office Trailer Plates

This application is hereby made for duplicate or substitute plates.			Check Appropriate Box: It will be necessary to exchange plates in person.							
Dealer Name		Cert. No.		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Reissue </div> <div> <input type="checkbox"/> License Plates </div> <div> MO. _____ </div> </div> <div style="text-align: center; margin: 5px 0;">OF</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Decals </div> <div> YR. _____ </div> </div>						
Business Address			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Lost </div> <div> <input type="checkbox"/> Stolen </div> <div> <input type="checkbox"/> Destroyed </div> <div> <input type="checkbox"/> Mutilated </div> </div>							
City			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 2px;">License(s) To Be Replaced</th> <th style="width: 50%; padding: 2px;">Expiration Date</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>		License(s) To Be Replaced	Expiration Date				
License(s) To Be Replaced	Expiration Date									
State		Zip								
INSURANCE CERTIFICATION Check One Box										
<div style="display: flex;"> <div style="width: 30px; text-align: center; margin-right: 10px;"> <input type="checkbox"/> </div> <div> I/We certify that the vehicles owned or assigned to my firm are insured by a policy issued through an insurance company licensed to do business in Virginia and that the policy provides at least the minimum amount of coverage as required by law. </div> </div>										
<div style="display: flex;"> <div style="width: 30px; text-align: center; margin-right: 10px;"> <input type="checkbox"/> </div> <div> A certificate of self insurance # _____ has been issued by DMV pursuant to Section 46.2-368 with respect to each dealer's license plate issued. NOTE: AUTOMOBILE LIABILITY INSURANCE SHALL BE MAINTAINED ON EACH LICENSE PLATE FOR SO LONG AS THE PLATE REMAINS VALID. Insurance certification is not required for office trailer plates. </div> </div>										
<div style="display: flex; justify-content: space-between;"> <div>I/We certify that all information contained herein is true and correct.</div> <div style="width: 80%; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: -10px; font-size: 0.8em;">Date</div> </div> </div>										
<div style="display: flex; justify-content: space-between;"> <div>Signature Must Be By Owner, Partner or Officer</div> <div></div> </div>										
Additional Information:										